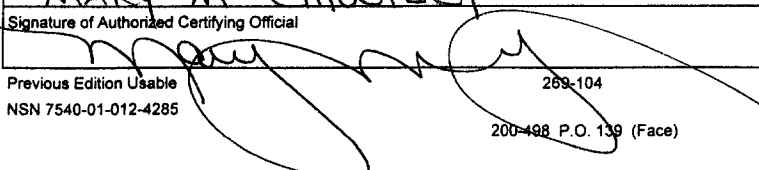


DEC 20 2001

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95X12009587000095-67		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Humanities Forum 421 W. 1st Ave # 300 Anchorage AK 99501					
4. Employer Identification Number 92-0042123		5. Recipient Account Number or Identifying Number Pg # 0008 DC 1999-IG		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) MAY 2000		To: (Month, Day, Year) JUNE 2001		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
9. Period Covered by this Report From: (Month, Day, Year) MAY 2000					
To: (Month, Day, Year) JUNE 2001					
10. Transactions:					
		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays				140,000	
b. Refunds, rebates, etc.				140,000	
c. Program income used in accordance with the deduction alternative				-	
d. Net outlays (Line a, less the sum of lines b and c)				140,000	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				-	
f. Other Federal awards authorized to be used to match this award				-	
g. Program income used in accordance with the matching or cost sharing alternative				-	
h. All other recipient outlays not shown on lines e, f or g				-	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)				-	
j. Federal share of net outlays (line d less line i)				140,000	
k. Total unliquidated obligations				140,000	
l. Recipient's share of unliquidated obligations				-	
m. Federal share of unliquidated obligations				-	
n. Total Federal share (sum of lines j and m)				140,000	
o. Total Federal funds authorized for this funding period				140,000	
p. Unobligated balance of Federal funds (Line o minus line n)				140,000	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above				140,000	
r. Disbursed program income using the addition alternative				140,000	
s. Undisbursed program income				-	
t. Total program income realized (Sum of lines q, r and s)				-	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box)					
<input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title MARY M GHOSTLEY				Telephone (Area code, number and extension) 907-272-5326	
Signature of Authorized Certifying Official 				Date Report Submitted JULY 15, 2001	

fixed = 271-1415 (m)